

NE POR	FORM	CHECK APPROPRIATE BOXES—F	TRIBUTIONS AND EXPENDITURES LEASE TYPE OR PRINT IN BLACK INK	RECEIVE ENLY
		Quarterly Report: 1	st 2 nd 3 rd 4 th	OCT 1 5 2021
	D-2	Final Report (Fund balance on Line E must be \$0)		State Board of Elections
		Amendment of the Rep	ort Indicated Above	Springfield Office
Full name and co	omplete mailing ac	Idress of Political Committee:	CHECK FOR ADDRESS CHANGE	COMMITTEE ID #
. c/o 120	rshall County Rep Charlene Naumar 00 Richard St nry, IL 61537	oublican Central Cmte		Committee ID: 294
E-mail address:			CHECK FOR E-MAIL ADDRESS CHANGE	· · · · · · · · · · · · · · · · · · ·
REPORTING P	ERIOD CASH A	VAILABLE AT BEGINNING	ALL POLITICAL COMMITTE	ES RETURN TO:
FROM	\$	ORTING PERIOD: nis amount in SECTION D, Line (A)	STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR SPRINGFIELD, IL 62704-4503	STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STE LL-08 CHICAGO, IL 60602-3026
SECTION A — RECEIPTS			SECTION B — EXPENDITURES	
1. Individual Co			6. Transfers Out	•
a. Itemized	l (from Schedule A		a. Itemized (from Schedule B):	\$(6a)
b. Not-Item	nized:	\$ 100 + 00 (1b)	b. Not-Itemized:	\$ 829,44 (6b)
2. Transfers in			7. Loans Made	
a. Itemized	l (from Schedule A): \$(2a)	a. Itemized (from Schedule B):	\$(7a)
b. Not-Item	nized:	\$(2b)	b. Not-Itemized:	\$(7b)
3. Loans Received			8. Expenditures	
a. Itemized	l (from Schedule A)): \$(3a)	a. Itemized (from Schedule B):	\$(8a)
b. Not-Item	nized	\$(3b)	b. Not-Itemized	\$(8b)
4. Other Receipts			9. Independent Expenditures	
a. Itemized	(from Schedule A)): \$(4a)	a. Itemized (from Schedule B-9)	: \$(9a)
b. Not-Item	nized	\$(4b)	b. Not-Itemized	\$(9b)
TOTAL RECE	IPTS (1a thru 4b)	\$ 100,00 (TR)	TOTAL EXPENDITURES (6a thru S	b)\$(TE)
****************5. In-Kind Con		********	**************************************	ND OBLIGATIONS ed unpaid debts)
	(from Schedule I):	\$(5a)	10. a. Itemized (from Schedule C):	•
b. Not-Item	ized	\$(5b)	b. Not-Itemized	\$(10b)
TOTAL IN-KII	ND (5a + 5b)	\$(TI)	TOTAL DEBTS & OBLIGATIONS	\$
******	*****	********	SECTION D — CAS	
Name and add than the com	dress of person sul mittee's Chair or T	bmitting this report <u>if other</u> reasurer:	Cash available at beginning o reporting period	
•			Total Receipts from Section A (TR	: \$ 100.00 (B)
			Total cash (A) plus (B	: \$ 4000, 22 (C)
	<u>. </u>		Total Expenditures from Section B (TE	: \$ 829. 44 (D)
			Funds available at close o reporting period (C minus D)	\$ 3170.78 (E)
	·	· · · · · · · · · · · · · · · · · · ·	Investments total (if applicable)	

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO \$5000.

SIGNATURE OF COMMITTÉE TREASURER OR CANDIDATE

DATE **REVISED 08/2021**